

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesProtecting Choice in California 2010, a project of Planned Parenthood Affiliates
of CA

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different
than previously
reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00488502

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathy Kneer

Signature of Treasurer

Electronically Filed by Kathy Kneer

Date

07

27

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 1

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2011 | | 15647.51 |
| (b) Cash on Hand at Beginning of Reporting Period | 15647.51 | |
| (c) Total Receipts (from Line 19) | 2348.21 | 2348.21 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 17995.72 | 17995.72 |
| 7. Total Disbursements (from Line 31) | 17995.72 | 17995.72 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 0.00 | 0.00 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 1 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 1 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 2348.21 | 2348.21 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 2348.21 | 2348.21 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2348.21 | 2348.21 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 2348.21 | 2348.21 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2348.21 | 2348.21 |

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 16391.13 | 16391.13 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 16391.13 | 16391.13 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 | |
| 24. Independent Expenditure (use Schedule E) | 10.69 | 10.69 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤ | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 1593.90 | 1593.90 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 17995.72 | 17995.72 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17995.72 | 17995.72 | |

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 2348.21 | 2348.21 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2348.21 | 2348.21 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 16391.13 | 16391.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 16391.13 | 16391.13 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2348.21

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 7 | | 2 | 0 | 1 | 1 |

Transaction ID: NONA259

Amount of Each Receipt this Period

2348.21

In-Kind Contribution - Ph-
one Lists

SUBTOTAL of Receipts This Page (optional)

2348.21

TOTAL This Period (last page this line number only)

2348.21

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 11

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Dewey Square Group | Transaction ID: EXPB254 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 60340 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Charlotte State NC Zip Code 28260 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Consulting & Travel Expenses | <table border="1"> <tr> <td>696.18</td> </tr> </table> | 696.18 | | | | | | | | | | | | | | | | | | | |
| 696.18 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Lake Research | Transaction ID: EXPB256 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1726 M Street, NW, Suite 1100 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 0 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 1 | 0 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20036 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Travel Expenses | <table border="1"> <tr> <td>549.08</td> </tr> </table> | 549.08 | | | | | | | | | | | | | | | | | | | |
| 549.08 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type | 002 | | | | | | | | | | | | | | | | | | | |
| 002 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Sara Nichols | Transaction ID: EXPB257 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 446 T Street | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Sacramento State CA Zip Code 95811 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Travel Expenses | <table border="1"> <tr> <td>293.14</td> </tr> </table> | 293.14 | | | | | | | | | | | | | | | | | | | |
| 293.14 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type | 002 | | | | | | | | | | | | | | | | | | | |
| 002 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

1538.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 11

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

Olson, Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Legal & Reporting Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXPB251

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

2269.95

B.

Full Name (Last, First, Middle Initial)

Olson, Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Legal & Reporting Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXPB252

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

3358.34

C.

Full Name (Last, First, Middle Initial)

Olson, Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Legal & Reporting Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXPB253

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

3395.28

SUBTOTAL of Disbursements This Page (optional)

9023.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

A.

Full Name (Last, First, Middle Initial)

Olson, Hagel & Fishburn, LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal & Reporting Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXPB258

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

3480.95

B.

Full Name (Last, First, Middle Initial)

Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
In-Kind Contribution - Phone Lists

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: NONB259

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

2348.21

SUBTOTAL of Disbursements This Page (optional)

5829.16

TOTAL This Period (last page this line number only)

16391.13

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates of CA

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Dewey Square Group | Transaction ID: EXPB261 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 60340 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Charlotte State NC Zip Code 28260 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement State Consulting & Travel Expenses | <table border="1"> <tr> <td>696.18</td> </tr> </table> | 696.18 | | | | | | | | | | | | | | | | | | | |
| 696.18 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Lake Research | Transaction ID: EXPB260 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1726 M Street, NW, Suite 1100 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 0 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 1 | 0 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20036 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement State Travel Expenses | <table border="1"> <tr> <td>549.08</td> </tr> </table> | 549.08 | | | | | | | | | | | | | | | | | | | |
| 549.08 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Sara Nichols | Transaction ID: EXPB262 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 446 T Street | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Sacramento State CA Zip Code 95811 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement State Travel Expenses | <table border="1"> <tr> <td>293.14</td> </tr> </table> | 293.14 | | | | | | | | | | | | | | | | | | | |
| 293.14 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

1538.40

TOTAL This Period (last page this line number only)

1538.40

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California 2010, a project of Planned Parenthood Affiliates
of CA**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Planned Parenthood Advocates Mar MonteNature of Debt (Purpose):
Shipping of Palm Cards

Mailing Address 1691 The Alameda

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| San Jose | CA | 95126 |

Outstanding Balance Beginning This Period

10.69

Transaction ID: PAYD219

Amount Incurred This Period

0.00

Payment This Period

10.69

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Planned Parenthood Advocates Mar MonteNature of Debt (Purpose):
State Activity

Mailing Address 1691 The Alameda

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| San Jose | CA | 95126 |

Outstanding Balance Beginning This Period

10.69

Transaction ID: PAYD220

Amount Incurred This Period

0.00

Payment This Period

10.69

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00